

Please allow 5-7 working days for completion of your request

University of Alabama School of Medicine

Medical Student Services / Records

VH 100, 1720 2nd Ave S

Birmingham, AL 35294-0019

Telephone: (205) 934-4964 Fax: (205) 934-8724



Former Medical Students Records Request Form

Name: Last _____ First _____ Middle _____

Last name while enrolled: _____ Phone Number: _____

Address: _____

Graduation year/last year attended: _____ SSN/B00#: _____ Email: _____

Quantity	Item	Unit Price	Total
	Official Transcript	\$10.00	
	Unofficial Transcript	\$8.00	
	Certified Copy of Diploma	\$5.00	
	State Licensure Form or Credentialing Agency Form	\$45.00 maximum 15 items in this group	
	Hospital Licensure Form		
	Dean's Letter / Medical Student Performance Evaluation		
	Verification Letter (contains matriculation and graduation date)		
	Other:		
		TOTAL	\$

☐ Mail to: _____

REQUIRED: Signature of Former Student: _____ Date: _____

Payment Information

☐ Check or money order payable to University of Alabama School of Medicine

☐ Visa ☐ MasterCard ☐ Discover

Amount: \$ _____

Card number: _____ Cardholder's signature _____

CID number: _____ Cardholder's address: _____
(3-digit # on back of card)

Expiration date: _____